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Amend Cu-

JUN 2 2 2019 I ALBRITTON

COVER LETTER

TO:				
eunie.		RKETING, LLC		
SUBJE	DLR MARKETING, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DVIR LEV-RAN Name of Person			
Division of Corporations D L R MARKETING, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DVIR LEV-RAN Name of Person D L R MARKETING, LLC Firm/Company 5126 Tarragona Dr Address ORLANDO, FL 32837 City/State and Zip Code blackstonetax admin support@blackstonecpas.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dvir Lev-Ran Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$30.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status				
Please r	eturn all correspo	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Im all correspondence concerning this matter to the following: DVIR LEV-RAN Name of Person D L R MARKETING, LLC Firm/Company 5126 Tarragona Dr Address ORLANDO, FL 32837 City/State and Zip Code blackstonetaxadminsupport@blackstonecpas.com E-mail address: (to be used for future annual report notification) rinformation concerning this matter, please call: Ran 407 Area Code Daytime Telephone Number		
		DVIR LEV-RAN		Daytime Telephone Number & □ \$60.00 Filing Fee. Certificate of Status &
			Name of Person	
		D L R MARKETING, LL	С	
			Firm/Company	
		5126 Tarragona Dr		<u> </u>
			Address	
		ORLANDO, FL 32837		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
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		E-mail address: (to be used for future annual report notifi	cation)
For furtl	her information e	oncerning this matter, please o	all:	
Dvir Le			407 431-6774	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	.00 Filing Fee			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D L R MARKETII						
(Name of	the Limited Liability Company a (A Florida Limited Liabi	s it now appe lity Company	ars on our records.)			
The Articles of Organization for this L		re filed on _	01/04/2011	ar	nd assigne	d
Florida document numberL11000	 -					
This amendment is submitted to amend	I the following:					
A. If amending name, enter the new	name of the limited liability	company	here:			
The new name must be distinguishable and con	ntain the words "Limited Liability C	ompany," the	designation "LLC" or	the abbreviati	on "L.L.C."	
Enter new principal offices address,	if applicable:					
Principal office address MUST BE A	STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·				
					20	
					,61	
Enter new mailing address, if applica	able:			· · · · · · · · · · · · · · · · · · ·		}
Mailing address MAY BE A POST O	FFICE BOX)		<u>, </u>		ن	
	_			<u>:</u>	PH 12:	· ·
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B. If amending the registered agoregistered agent and/or the new registered.		address (on our records, <u>e</u>	nter the n	ame of t	<u>he ne</u>
Name of New Registered Age	<u> </u>		<u> </u>			
New Registered Office Addre	<u></u>	Enter F	lorida street address			
	· 	Cin	Florid	8	Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Orly Hoshmand	5126 Tarragona Dr ORLANDO, FL 32837	O Add
		 	■ Remove
			Change
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Effective date, if other than the date of filing:	
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	ed as
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie The 90th day after the record is filed.	er of
and some day and record is meet	
June 1 2019	
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The state of the s	
Signature of a member or authorized representative of a member	
Dvir Lev-Ran Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00